

FILED OCT 10 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31444

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. <u>1003</u>		Registrar's No. <u>8394</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		11 <u>219</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3834 Kennerly Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>3834 Kennerly Ave.,</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>Emil</u>		c. (Last) <u>Ehmke</u>	
4. DATE OF DEATH		(Month) <u>Sept</u>		(Day) <u>20</u>		(Year) <u>1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 30, 1921</u>	
9. AGE (In years last birthday) <u>30</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>20</u>		IF UNDER 1 YEAR Hours _____ Mins. _____		12. CITIZEN OF WHAT COUNTRY? _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>William Ehmke</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Sullivan</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby Ehmke</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruby Ehmke, 3834 Kennerly Ave.,</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis Far Advanced</u> <u>Generalized - Pulmonary</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>acute Gastro-intestinal</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>14 years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fall</u>					
22. I hereby certify that I attended the deceased from <u>8-1-</u> , 19 <u>51</u> , to <u>9-20-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-2-</u> , 19 <u>51</u> , and that death occurred <u>6:00 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Albert Kaplan</u>		23b. ADDRESS <u>9000 607 N. Grand</u>		23c. DATE SIGNED <u>9-22-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 24, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>SEP 22 1951</u>		REGISTER'S SIGNATURE <u>Earl E. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Reidner Und. Co. 2223 St. Louis Av</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

---

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No. *4108*

P. O. Address *St Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.